



SHORT TERM DISABILITY CLAIM APPEALS PROCESS
OFFICE OF MANAGEMENT AND BUDGET
STATEWIDE BENEFITS OFFICE

1. Employee files Short Term Disability claim with The Hartford.
2. The Hartford reviews the claim and approves or denies.
3. **IF DENIED**, The Hartford provides the employee and employing organization (state agency) with reasons for the denial in writing by certified mail, return receipt requested within 10 days of the decision to deny.

LEVEL I APPEAL – ADMINISTERED BY THE HARTFORD

4. Employee may file an appeal with The Hartford within 180 days of the postmark date of the notice.
5. The Hartford approves or denies the appeal then provides written notice by certified mail, return receipt requested to the employee, the employing organization and the Statewide Benefits Office within 10 days of the decision.

LEVEL II – ADMINISTERED BY THE STATE OF DELAWARE

6. **IF DENIED**, the employee may file an appeal of the denial in writing to the Statewide Benefits Human Resources Administrator within 20 days of the postmark date of the decision notice. The written appeal should be addressed and mailed to the following address:

Statewide Benefits Human Resources Administrator
RE: APPEAL
Statewide Benefits Office
Blue Hen Corporate Center
655 South Bay Road, Suite 202
Dover, DE 19901
Tel: (302) 739-8331
Fax: (302) 739-8339

7. The Statewide Benefits Human Resources Administrator from the Office of Management and Budget (or his/her designee) shall conduct an internal review of the appeal and provide written notice of the decision to the employee, the employing organization and The Hartford within 30 days of speaking with the employee.



8. **IF DENIAL IS UPHELD**, the employee may file a written appeal to the State Employee Benefits Committee (SEBC) within 20 days of the postmark date of the notice from the Statewide Benefits Office. The written appeal should be addressed and mailed to the following address:

Chair, State Employee Benefits Committee (SEBC)
RE: APPEAL
Office of Management and Budget
Haslet Armory, Third Floor
122 William Penn Street, Suite 301
Dover, DE 19901
Tel: (302) 739-4204
Fax: (302) 739-3342

9. The SEBC receives the appeal and:
 - a. Identifies the Benefits and Insurance Administrator of the Office of Management and Budget as the Hearing Officer. The Hearing Officer conducts a hearing and submits a report to the SEBC within 60 days of the date of the hearing. The SEBC accepts or modifies the report and notice of the decision is postmarked to the employee within 60 days; **OR**
 - b. Hears the appeal and notice of the decision is postmarked to the employee within 60 days of the hearing.
10. **IF DENIAL IS UPHELD**, the employee may appeal the decision to the Delaware Superior Court within 30 days of the postmark date of the decision.